1B

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/030659

CLAIMS AS FILED - PART I							SMALI	L EI	NTITY		OTHER	THAN
			(Column 1)		(Column 2)		TYPE	TYPE 🖂		OR	OR SMALL ENTI	
TOTAL CLAIMS							RAT	E	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS					*		X\$ 9)=	9	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		X42	=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	۱L	3×14	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>	•	OTHER	THAN
(Column 1) (Column 2) (Column 3)								LL I	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=	1	OR	X\$18=	
	Independent	*	Minus	***		=	X42:	=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+140	_		OR	+280≈	-
							101				TOTAL	
								EE		OR	ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=	=		OR	X84=	<u> </u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+280=	
							TO1 ADDIT. F	AL			TOTAL ADDIT. FEE.	
								tt I			ADUII. FEE	
		(Column 1) CLAIMS	1	(Colur HIGH		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	_		OR	X\$18=	
	Independent	*	Minus	***		=	X42=				X84=	
٨	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		7,72-	\dashv		OR		
					401		+140:			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OI											TOTAL ADDIT. FEE	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	IS SPACE i	s less tha	in 3, enter "3." Lhighest number		_	ronriate hov			